STATE OF NEW MEXICO ENERGY AND MINERALS OFFART J

	Form C-104
ULL CONSE	RVATION DIVISION
LANB OFFICE SANTA FE	O. BOX 2088 Page 1 Page 1
	······································
PROMATION DEPICE	T FOR ALLOWABLE
I. AUTHORIZATION	AND .
Operator	AND RANSPORT OIL AND NATURAL GAS
Hal J. Rasmussen	
Accounts) for faling (Check proper back)	
I man ast	exas 79701
Recompletion Change in Transporter of:	Other (Please explain)
Castnghood Ges	Dry Ces Effective Dec. 1, 1988
If change of amounties of	Condensete
H Dragen Burger Sun Exploration &	Production Company P.O. Box 1861,
II. DESCRIPTION OF WELL AND LEASE (Tatd)	Company P.O. Box 1861,
State A A/C 1 Well No. Pool Name, including	Midland, Texas 7971
Location Joo Langite M	attix Seven Store Education
Unit Letter C : 660 Feet From The North	
Line of Section 4 Township 235	Line and 2310 Free From The West
	365
Many et Authorized Trensporter et Oli St er Candensate	. Мирм, Lea
	AL GAS
Calibraties of Casings of Calibraties	Azazees (Give address to which approved copy of this form is to be sensy BOX 42130, Houston, Tx 77242
If will and the second se	Address (Give address in the treat
twp. Rge.	
If this production is commingled with that from any site	when
If this production is commingled with that from any other lease or pool NOTE: Complete Parts IV and V on reverse side if necessary.	. give commingling order number:
VI. CERTIFICATE OF COMPLIANCE	
I beteby comile the state	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.	OIL CONSERVATION DIVISION
and given is true and complete to the best of	NJ NOU
	BY ORIGINAL SIGNED BY JERAY SEXTON
- Was - D	TITLE DISTRICT I SUPERVISOR
Slog Kamary	This form is to be the
- Mm. Sovtt: Ramsey General Manager	If this is a request for allowable for a sewly drilled or despendent tests taken on the well.
	tests taken on the sub accompanied by a sub if drilled or deal
12.6.88	ole on new and fernerative fulled aut
(Date)	Fill out only Sections I. U. III. and WT for
BOIRS FUNCT	well name or number, or transporter, or other such changes of sums Separate Forms C-104 must be filed for each master of condition
	Separate Forma C-104 must be filed for each pool in multipl

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Farm C-104 Rowsed 10.01-78 Formet 05-01-43 Page 2

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V. COMPLETION DATA		OU Well	Gas well	New Well	WOFLOVER	Deepen	Plug Bee	1 Seme I	Aeste Dill. R
Designate Type of Completio		•	•			8 6		al energy	
Deta Spudand	Dete Comple	Reary to Pro	×4.	Total Depth		· · · · ·	P.B.T.D		
Liovetions (DF, RKB, RT, GR, etc.,	Name al Pro	ducing Forme	tien	Top Oll/Ges	Pey		Tubing C	epik	
Perforations	<u>.</u>		- <u></u>	<u> </u>			Depth Co	aing Shoe	
		TUBING. C		CEMENTIN	C PECON		<u>.</u>		
HOLE SIZE	CASIN	G & TUBIN			DEPTH SE		1	SACKS C	EMENT
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. TEST DATA AND REQUEST I	FOR ALLO	WABLE T	eet must be a ile for this de	feer recovery a peth or be for fe	f total volum	e of load oil	and must be	equal to a	• exceed top a
Delo Firal Now Oll Run To Tanko	Date of Tast		•		ethod (Flow,	pump, cas li	l, elc.,		
Longua di Teol	Tubing Pres	<b>ewe</b> 1999-999		Casing Pres	• <b>•</b> • • • • • • • • • • • • • • • • •	مبعد المأديد	Chose St		
Actual Prod. During Test	OU-Bbis.	an a	• Deserve 1	Water-Bbie-	+1 <b>.</b>		Gas-MCI		
AS WELL	1					د د. ۲۰۰۰ مهریسی در میرونی ۲۰۰۰ میروسی درونی	and the second		
Actual Prod. Tool-MCF/D	Length of To	•et .		Bbis. Conder			Geority .	Consense	
Sealing Maihod (pilot, back pr.)	Tubing Press	we ( \$2st-1	<b>*)</b> 2011	Casing Press	me ( 2DAF-	( ها			
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1.	DISTRIBUTION JANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator	REQUEST	CONSERVATION COM ION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS					
	Sun Exploration & Production Co.								
	Address P. O. Box 1861, Mi	dland, Texas 79702							
	Reason(s) for filing (Check proper box	r box) Change in Transporter of:							
	Recompletion Change in Ownership	Oil Dry G Casinghead Gas Conde	From: Sun O						
	If change of ownership give name and address of previous owner								
11.	II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease								
	Lease Name     Well No.     Pool Name, Including Formation     Kind of Lease       State "A" A/C 1     96     Langlie Mattix 7 Rvrs.Q.Gryb.State, Federal or Fee     State								
	The West								
	Line of Section 4 To	wnship 23-S Range 36	6-Е , NMPM, Lea	County					
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS Ta <sup>*</sup> d Address (Give address to which appro	ved copy of this form is to be sent)					
	Name of Authorized Transporter of Ca	singhead Gas 📄 or Dry Gas 🧮	Address (Give address to which appro	ved copy of this form is to be sent)					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When						
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:								
	Designate Type of Completion	on - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Perforations			Depth Casing Shoe					
		TUBING, CASING, AND CEMENTING RECORD							
	. HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>v</b> .	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	feet recovery of total volume of land ail						
	<b>EST DATA AND REQUEST FOR ALLOWABLE</b> (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)         Date First New Oil Run To Tanks       Date of Test    Producing Method (Flow, pump, gas lift, etc.)								
			Producting Method (Prow, pump, gas it	<i>it, etc.)</i>					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	Actual Prod. During Test	Oil-Bbla.	Water-Bbls.	Gas-MCF					
	GAS WELL								
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
<b>VI</b> .	CERTIFICATE OF COMPLIANCE	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION					
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	ith and that the information given							
	-	· • • • • • • • • • • • • • • • • • • •							

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Sectors Forme C-104 must be filed for each cool in multiply

(Date)

О

(Signature)

(Title)

nArel

Acct. Asst. II

1-1-82

	DISTRIBUTION		CONSERVATION COMP ON	Form C-104		
	TILE	REQUEST	FOR ALLOWABLE AND	Supersedes ()ld C+104 and C+1. Effective 1-1-65		
	J.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL (			
	LAND OFFICE	-				
	IRANSPORTER OIL					
	OPERATOR					
1.	PRORATION OFFICE					
	SUN OIL COMPANY		· · · · · · · · · · · · · · · · · · ·			
	P.O. Box 1861, Midland					
	Reason(s) for tiling (Check proper box New Well	) Change in Transporter of:	Other (Please explain)	······		
	Recompletion	CII Dry Gr	15			
	Change in Ownership X	Casinghead Gas Conde	nsate			
	If change of ownership give name and address of previous owner	SUN TEYAS COMDANY D.O.	Pox 1067 Midland TX 7	0704		
п	DESCRIPTION OF WELL AND		Box 4067, Midland, TX 7	9704		
	Lease Name State "A" A/C 1	Well No. Poor Name, including F				
	Location		x 7 RVNS Q.GNYD. State, Federal	cr Fee State A-983		
	Unit Letter C , 660	Feet From The North Lir	he and Feet From T	West		
	Line of Section 4 Tor	wnship 23-S Bange	36-E , NMPM,	lea County		
Ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS TA'd	·		
	1		Address (Give address to which approv	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Ca	singhead Gas	Address (Give address to which approv	ed copy of this form is to be sent;		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n		
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:			
14.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty, Diff. Resty,		
	Designate Type of Completio					
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
	HOLE SIZE		CEMENTING RECORD			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			1			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load-oil a pth or be for full 24 hours)	nd must be equal to cr exceed top allow-		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	, etc.j		
	Length of Test	Tubing Pressure	Casing Pressure	Chore Size		
	Actual Prod. During Test	Oll-Bbla.	Water-Bbis,	Gas-MCF		
	GAS WELL	••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure ( Shut-in )	Casing Pressure (Shut-in)	Cheke Size		
VI.	CERTIFICATE OF COMPLIANO	CE	OIL CONSERVA	TION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED OF 10			
			BYServer			
			Jerry Server TITLE Det 1. Supr			
	Juckian		This form is to be filed in co			
(	(Signa	ίωτe j	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner.			
	Production/Proration S	upervisor				
	July_1, 1981(Tin	(2)				
	(Dat	(e)	well name or number, or transporte	III, and VI for changes of owner, r, or other such change of condition.		
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